PATENT Attorney Docket No. 101.0084-01000 Customer No. 22882

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

th re Application of:

Gary K. Michelson

Serial No.: 09/921,844

Filed: August 3, 2001

For: SPINAL IMPLANT SURFACE

CONFIGURATION

Group Art Unit: 3738

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MAY 13 2002

TC 3TOO MAIL ROOM

Assistant Commissioner for Patents Washington, D.C. 20231

Sir:

## **CERTIFICATE OF MAILING VIA FIRST CLASS MAIL**

Date of Deposit: April 25, 2002

I hereby certify that:

- 1. Transmittal Form (in duplicate; \$72 additional claims fee charged to Deposit Account No. 50-1066)
- 2. Amendment
- 3. Self-addressed return postcard receipt

are being deposited with the United States Postal Service to Addressee with sufficient postage as first class mail under 37 C.F.R. § 1.8 on the date indicated above and are addressed to:

Assistant Commissioner for Patents Washington, D.C. 20231

Date: April 25, 2002

Sandra I Blackmon

14500 Avion Parkway, Suite 300

Chantilly, VA 20151-1101 Telephone: 703-679-9300 Facsimile: 703-679-9303 FORM PTO-1083



Attorney Docket No.: 101.0084-01000 Customer No. 22882

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Assistant Commissioner for Patents

Washington, D.C. 20231

Dear Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

Applicant hereby requests a \*\*\*-month extension of time to respond to the above office action.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE	
TOTAL CLAIMS FEE	75	-	71	**	4	LG=\$18 SM=\$9	\$18	\$	72.00
INDEPENDENT CLAIMS FEE	. 2	-	3	***	0	LG=\$84 SM=\$42	\$84	\$	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS  LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140								\$	0-
						= -	TOTAL	\$	72.00

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

A fee in the amount of \$72.00 to cover the additional claims is to be charged to Deposit Account No. 50-1066.

A fee in the amount of \$\*\*\* to cover the \*\*\*-month extension of time is enclosed.

A check in the amount of \$\_\_\_ to cover the above fees is enclosed.

The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1066. A copy of this sheet is enclosed.

Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted, MARTIN & FERRARO, LLP

By: Verne H

Date: April 25, 2002

Thomas H. Martin Registration No. 34,383 Attorney for Applicant

14500 Avion Parkway, Suite 300 Chantilly, VA 20151-1101 Telephone: 703-679-9300

Facsimile: 703-679-9303

Transmittal of Amendment.DOC

<sup>&</sup>quot;If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.



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Sir:

### <u>AMENDMENT</u>

Prior to the examination of the above application, please amend this application as follows:

#### IN THE CLAIMS:

Please add the following new claims:

- --203. The spinal implant of claim 1, in combination with a fusion promoting substance.
- 204. The spinal implant of claim 203, wherein said fusion promoting substance includes at least one of bone, bone morphogenetic protein, hydroxyapatite, and genes coding for the production of bone.
- 205. The spinal implant of claim 131, in combination with a fusion promoting substance.
- 206. The spinal implant of claim 205, wherein said fusion promoting substance includes at least one of bone, bone morphogenetic protein, hydroxyapatite, and genes coding for the production of bone.--.

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